

tinued application of a fly-blister to the auricle and meatus for the cure of chronic purulent otitis media. The patient was a girl, fifteen years old, attacked with otorrhœa in her first year. The blister was applied by the advice of a midwife, and kept up for several years. The resultant deformity of the auricle and atresia of the meatus was overcome by deep excisions of redundant cartilage and skin, and stretching the freshly cut surface of the back of the auricle to the freshly-cut surface of the mastoid, union between these surfaces maintaining the auricle against the head. The outer skin surface of the auricle was repaired by transplantation of two pieces from the patient's arm. The otorrhœa was cured by iodoform tampons after the meatus and canal were rendered patulous enough for the treatment. The hearing was greatly improved. The membrana tympani remained largely perforated.

THE BENEFIT TO EAR PATIENTS FROM NASAL TREATMENT.

In considering this very important subject, DR. GRADLE, of Chicago, draws the following conclusions:

1. Acute suppurative inflammation of the middle ear if not treated (locally) has a tendency to become chronic, the tendency increasing with the age of the patient.

2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liability to relapses after their cure is decidedly lessened by the removal of naso-pharyngeal anomalies.

3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes even without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured, or if improved will speedily relapse unless the normal state of the nose and throat is restored.

4. Proliferation or adhesive disease of the middle ear is the consequence of retro-nasal catarrh, and its course is determined by the course of the disorder causing it. Aural treatment alone is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear-disease. The restitution of hearing, however, depends on the length of time the disease has lasted, and is often aided by ear-treatment after the cure of the retro-nasal catarrh.—*Journal of the American Medical Association*, vol. xx, No. 22.

INFLAMMATION OF THE MIDDLE EAR OF INFANTS.

DR. ARTHUR HARTMANN, of Berlin, gives the result of his and KOSSEL's investigations into this subject, undertaken at the suggestion of Koch, in the Institute for Infectious Diseases, of Berlin (*Deutsche Med. Wochenschrift*, June 28, 1894, No. 26):

1. Post-mortem examination and examination of the ears of living children establish the fact that 75 per cent. suffer from inflammation of the middle ear.

2. Inflammation of the middle ear can nearly always be detected by an otoscopic examination.

3. The symptoms of otitis media consist in restlessness, elevated temperature, and loss of weight. Sometimes these symptoms are not present.

4. Very often the symptoms of otitis media are connected with bronchopneumonic processes. Probably both processes are due to the same cause, viz.: aspiration.

5. Death can result, in cases of otitis media, from slow atrophy or from an extension of the micro-organisms into the cranial cavity (meningitis), or into the blood (septicæmia).

6. The inflammations of the middle ears of infants must receive treatment suitable for the varying conditions.

RELIEF OF CHRONIC DEAFNESS, TINNITUS AURIUM AND TYMPANIC VERTIGO, BY INTRA-TYMPANIC OPERATIONS.

During the past year much has been said and written on this important topic by BLAKE (*Archives of Otolaryngology*, vol. xxii.), C. H. BURNETT (*Philadelphia Medical News*, vol. lxiii.), GORHAM BACON (*New York Medical Journal*, April 14, 1894), and RANDALL (*Therapeutic Gazette*, February 15, 1894).

Blake's investigations have been directed chiefly toward the removal of and operations upon the stapes. His conclusions are that "it will be only as the result of a long series of carefully conducted comparative observations by different investigators that the value of the operation for the removal of the stapes can be given its proper place in aural surgery."

Burnett's operations have been directed entirely toward removal of the incus and the consequent liberation of the stapes from the impacting force of the malleus and incus. The membrana and malleus are to be left entirely *in situ*, inflammatory reaction in the tympanum being thus avoided. He has reported beneficial results, especially in relieving Ménière symptoms.

Randall in alluding to total excision of the membrane and larger ossicula says: "Excision in carefully selected instances of catarrhal deafness may be expected to aid a considerable percentage of cases, but every patient must run a decided risk of failure, perhaps disastrous" (*loc. cit.*, p. 5). Bacon in discussing total excision of the membrana tympani and ossicles, an operation now entirely discarded in chronic catarrhal deafness by the best authorities, says "we should not resort to excision of the membrana tympani and ossicles in cases of chronic dry catarrh until we have exhausted all other methods of treatment at our command."

CHOLESTEATOMA OF THE EAR.

DR. BENNO BAGINSKY reviews the various opinions and theories regarding the origin and course of cholesteatoma of the middle ear from the time of Cruveilhier and Johannes Müller to the present time (*Berliner klinische Wochenschrift*, 1894, Nos. 26 and 27).

The three opinions heretofore advanced are as follows:

1. Cholesteatomata are heteroplastic tumors and always occur as such (Virchow).

2. Cholesteatomata of the ear are products of retention, resulting either from chronic suppuration or "desquamative" inflammation of the middle ear (Von Troeltsch, Wendt, Politzer, and others).